

**STATE OF CONNECTICUT
OFFICE OF THE HEALTHCARE ADVOCATE
STATE INNOVATION MODEL PROGRAM MANAGEMENT OFFICE**

**REQUEST FOR PROPOSAL (RFP) FOR PREVENTION SERVICE INITIATIVE - CBO
LINKAGE MODEL
TECHNICAL ASSISTANCE VENDOR**

THIRD Addendum

RELEASE DATE – 09-26-2017

- 1. THE PSI RFP DEADLINE HAS BEEN EXTENDED FROM 3PM 9/29/17 TO 3PM 10/6/17.**
- 2. The following contains important information regarding the budget section of the application:**

We are allowing an alternative way to submit the budget information that is limited to consulting organizations. It is important that the Respondent who wishes to use this method meet the definition of a consulting services organization, which should be evident from the organization's articles of incorporation or by-laws.

Presentation of Hourly Rates

The contract between the resultant contractor and the PMO shall include payment provisions wherein the contractor shall be compensated at an all-inclusive hourly rate for actual services performed by level of employee. Travel costs may be proposed and billed separately. Indirect costs may not be billed separately and must be included in the hourly rate.

THE RESPONDENT SHALL identify all proposed personnel or personnel categories with a corresponding all-inclusive hourly rate of compensation and an estimate of hours to be expended by each individual in support of the project and an estimated total for the entire project, including travel.

If this option is chosen, the Respondent should not complete Attachment D, but should provide their rate tables and projected costs broken out by performance year (January 1st to December 31st). Note: Per guidance from CMS, the salaries of professionals who are working for a consulting services organization and providing consulting services, typically based on hourly rates, are exempt from the salary level limits.

The SIM PMO's official responses to questions submitted as of 11am, September 26, 2017 are as follows:

- 3. Question: Can a company who is using a subcontractor provide 2 work examples from each entity for a total of 4 examples, or 2 work examples only?**

Response: Four work samples may be provided: 2 from the primary Respondent, and 2 maximum from each subcontractor.

- 4. Question: Must references be listed inside the narrative section or can each reference be listed in a separate document attached in an appendix?**

Response: Please list references in the narrative section.

5. **Question: Page 9 of the RFP (Section 3.3 (2)) references a RFP process for AN/FQHCs to participate in the initiative. However, the Key Outputs and Timeline Grid on pgs. 10-11 does not reference such a process. Does the SIM PMO anticipate that the AN/FQHC solicitation will coincide with the CBO solicitation or will with AN/FQHC RFP occur after the CBO RFP?**

Response: The selection process for ANs/FQHCs has not been finalized. We anticipate that the timeline for this activity will occur such that the technical assistance vendor can begin working with the AN/FQHCs by 3/1/18, as stated in Exhibit 2.

6. **Question: Reference has been made in the RFP and supporting documents to providing technical assistance to multiple CBOs in three regions. In the Prevention Services Initiative: Response to HISC Comments, response to Question 5, SIM PMO states that the target communities include Bridgeport, New Haven, and Middletown and surrounding areas. Can you confirm that these are the 3 target regions? What is meant by “surrounding areas” and is that only relevant to Middletown?**

Response: The State does not intend to be prescriptive on boundaries so as not to preclude CBOs operating in neighboring towns or communities.

7. **Question: Do the agreements with the entities participating in the PCMH+ program currently include a requirement that they contract with CBOs to deliver identified prevention services? If this has not been done yet, is there a timeframe in which the agreements will be amended to include this requirement?**

Response: The agreements do not currently have this requirement. We are anticipating that this requirement will be incorporated in the future.

8. **Question: Has a decision been made to provide grants or other funding to CBOs to help them obtain necessary infrastructure and/or increase staffing to increase capacity been made? There is reference to doing so in various SIM documents**

Response: CBO grants will be offered. The scale and scope of the grants have not yet been finalized.

9. **Question: Is it confirmed that AN/FQHCs will receive funding for the initial 12 to 18 months to pay for CBO-provided prevention services, creating referral pathways, and other infrastructure needs to support the PSI? If so, can you provide the approximate financial support a AN/FQHC would receive?**

Response: AN/FQHC grants will be offered. The scale and scope of the grants have not yet been finalized.

10. **Question: We will partner with another company to carry out the full scope of work. We will be the primary contracting entity, but will subcontract elements of the work to the other company. How should we correctly budget for this in the cost break down table? Should the costs for the subcontractor be included in E. Contractual or would you prefer that the roles/position/costs for each of the subcontractor’s personnel be included in A. Personnel, B. Fringe, and C. Travel?**

Response: Our preference is that the Respondent complete a separate budget narrative and cost table for each subcontractor.

If this is not possible, the Respondent may include the subcontractor cost in E. Contractual. The Respondent shall provide the necessary budget detail regarding the cost break down.

- 11. Question:** In the application it states *“To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the Cognizant Federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.”* Our company has a federally negotiated rate above 10%. On the budget spreadsheet it says that the maximum indirect rate is 10%. Can you confirm if we can use the federally negotiated rate or the 10% rate?

Response: Contractors have a 10% cap on their indirect rates, regardless of previously federally negotiated rates. CMMI does not have the authority to waive this cap.

The State is allowing for an alternative way to submit the budget information for entities that are consulting organizations. Please see the top of this addendum for more information.

- 12. Question:** Is the Preventive Services Plan completed? If so when? Is a copy public or available? Will it require revision?

Response: It is unclear what is being referenced with the term, “Prevention Services Plan.”

- 13. Question:** When was the last Community Health Needs Assessment completed? By which company or collaborative. Is it currently available to the public?

Response: The following link has information on Community Health Needs Assessments:

<http://www.ct.gov/dph/cwp/view.asp?a=3902&q=552718>

- 14. Question:** Are legal fees for contract reviews included in the budget. Can it be structured as a one-time miscellaneous cost?

Response: Please put legal fees in the “Other” budget category. If structured as a one-time miscellaneous cost or labeled as legal fees, the budget narrative justification must describe the nature and details of the cost.

We are allowing for an alternative way to submit the budget information for entities that are consulting organizations. Please see the top of this addendum for more information.

- 15. Question:** Could you confirm that the approach is focused on the business arrangements and data management processes for effective cross sector collaboration, rather than around implementation of specific chronic disease management programs?

Response: The scope of work includes business arrangements and data management processes between ANs/FQHCs and CBOs for specific community-placed chronic illness self-management programs, in addition to the other requirements established in *Section 4. Required Service Components and Scope of Work*. Support for implementation of specific chronic disease management programs would only be required to the extent that this enables the achievement of the aforementioned scope of work.

- 16. Question:** Does the State seek to facilitate contract arrangements between the clinics and CBOs participating in the initiative, or will outside arrangements be just as/more likely?

Response: One important purpose of the initiative is to facilitate contractual arrangements between ANs/FQHCs and CBOs. Those entities that receive technical assistance for this purpose will be considered part of the Prevention Service Initiative. It is unclear what is meant by “outside arrangements.”